PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	DELPHI STUDY TO IDENTIFY KEY FEATURES OF COMMUNITY BASED CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN THE EAST OF ENGLAND
AUTHORS	Howarth, Emma; Vainre, Maris; Humphrey, Ayla; Lombardo, Chiara; Hanafiah, Ainul Nadhirah; Anderson, Joanna; Jones, Peter

VERSION 1 - REVIEW

REVIEWER	Anthony Jorm University of Melbourne, Australia
REVIEW RETURNED	09-Apr-2018

| GENERAL COMMENTS | I have the following suggestions for improving this paper:
 1. The authors refer to the methodology as "adapted" and "modified" Delphi. However, it is not clear in what way it has been adapted or modified from 'standard' Delphi.
 2. I found the terminology with respect to the rounds confusing. A Delphi round is typically a survey where experts vote. However, the first round in this study is not a voting round but rather an assessment of ideas to go into the Delphi questionnaire. Whatever terminology is used, it needs to be clear to the reader what was done, which is not the case here because 'round' has a different meaning for Round 1 compared to Rounds 2 and 3.
 3. Figure 1 gives a clear flow diagram for participants in the study. However, it would also be helpful to have a flow diagram for the voting on the items in the study. For an example of how this can be done, see PMID: 26296368 DOI: 10.1177/0004867415600891.
 4. It is not clear how the data from 'Round 1' were analyzed thematically. It is also not clear how the items "coalesced into three key themes" (pa. 10). Please describe the methods.
 5. It would be worth reporting some quantitative indicator of agreement between the two panels in their ratings (e.g. kappa or correlation coefficient). For examples, see PMID: 26296368 DOI: 10.1177/0004867415600891.
 6. The first two columns of Tables 2 and 3 needs headings (e.g. 'Category' and 'Item').
 7. A reference is needed to support the use of the THRIVE framework (bottom of page 3 and top of page 4).
 8. It is not clear why some of the items in Tables 2 and 3 are given idea numbers (e.g. "Idea 1"), but others not. It is also unclear why the numbers are needed.
 9. The number of children and young people and parents was rather small by Round 3. It might be appropriate to discuss |

reliability of findings as a limitation. For example, with a panel of 16, a change of vote by one individual can have a major effect on whether the agreement criterion is reached.

Some minor points:

1. "CYP MH" is used in the abstract without definition.

2. I thought that using the unfamiliar abbreviation "MHD" detracted from comprehension.

3. There are some typos and grammatical problems that need attention:

Page 3, line 27: "challenges….has led".

Page 3, line 45: "workface development".

Page 16, line 27: "to do date".

Page 16, line 40: "can be archived".

Page 17, line 11: "staff provides".

Page 18, line 49, "scare resources".

REVIEWER	Nadzeya Svirydzenka
	De Montfort University, UK
REVIEW RETURNED	18-Apr-2018

GENERAL COMMENTS	Dear authors,
	The subject of the paper – consensus study to identify key features of a regional community-based child and adolescent mental health service – is timely and relevant. While sampling is diverse and representative locally, the paper lacks clarity and specificity in your presentation and discussion of local mental health needs, goals, and priorities both in as a set up for the investigation and in view of locality-meaningful findings. Therefore, some key themes of the paper – set of locally meaningful priorities and practical implications of findings – do not appear to be well articulated throughout. Therefore, in order to recommend the paper for publication some revision will be necessary.
	There are four general comments on the content.
	General:
	1. The writing seems to be on the vague side. Authors allude to priorities, local specific needs of groups, ways of adapting services to cultural and contextual environments, while little insight is offered on what those might be, why that is, and how it can be done. Overall, the writing is too general and offers little specific insights into the needs of the CYP population in terms of mental health, how it is reflected locally, and how it can be supported in community services.
	2. Priorities identified as the results of the Delphi study are rather generic, and would, again, benefit from more detailed and meaningful interpretation of how they can be implemented (especially in view of fiscal and logistical constraints facing CAMHS at the moment). Without such prioritisation (the key argued contribution of the paper), the manuscript reads as wishful thinking on part of public and professional stakeholders as opposed to a practical guide for local service development.
	3. Terminology and abbreviations are inconsistent throughout. CAMHS, CYP MH Service, CYP, MH, MHD, children's workforce, etc. need to (i) clarified/defined and (ii) used consistently as a single term where possible.

4. There are some spelling, capitalisation, and punctuation errors throughout the manuscript. A proof read is required.

A few specific suggestions/thoughts by section:

Abstract
• Design needs to be clarified for readers not familiar with what adapted Delphi study is. How it was adapted needs to be specified and what three rounds are that are being referred to.
• Analysis is not specified.
• A clearer representation of how many participants took part in each round per each stakeholder group is necessary.
• Not clear how Outcome is different from Results.
• Results: Specify examples of 'how' in the delivery of services.
• Conclusions are vague and need to outline actual recommendations made.

Introduction
• Reasons for why some CYP do not access services needs to be explained. Goes back to the more general point of giving more detailed account in the literature review and findings in terms of meaning.
• Lines 16-21 on page 5 are rather vague and would benefit from more specific comments and recommendations.
• Lines 7-39 on page 4 refer broadly to needs of services, local insights, equity. However, at this stage it would be helpful to have some concrete examples of how local need might be reflected in community-based services.
• Delphi method requires clarification, especially in view of how disagreements can be resolved and what specific groups can be utilised for the insight in this project.
• Narrowing down from 151 to 106 features is still a considerably long list. Are there mechanisms to prioritise further? Again, who was involved in that study?
• Is there evidence of how studies that used Delphi method actually contributed to practical outcomes, like inform training?
• Line 14 page 5 "children and young people's workforce" is not clear and needs defining.
• What is meant by "community-based care"?

Method
• Design: rounds 2 and 3 are not clearly described. It is not clear what the 'adaptation' part was and why it was necessary to deviate from the original method. Was feedback given by stakeholders together? Or separately? It becomes clearer as method section develops but clarifying from the start might be helpful for the reader.
• Use of first person needs to avoided (Line 46 p5)
• Were all members of the public retained through the three rounds (aside from age-related limitations)? From the table it does not seem so.
• How were the "perceived important factors" generated (Line 7 p8)?
• More details on how thematic analysis was conducted, especially in consolidating two stakeholder group ideas are necessary.
• Details of stakeholder consultations mentioned in line 33 p8 need to be included in Design and Participants section as to who and why.

• The fact that two different questionnaires were consistently used with the two groups of respondents and why needs to be explained.
• Is round 3 basically an edited repeat of round 2? This needs to be clarified.
• Mention where results of sensitivity analysis (line 33 p9) will be presented.

Results
• What are the 'risk groups' and 'risky developmental periods' are (line 44-52, p9)?
• Line 9 page 10 – not clear where 29 items referring to? Is it a different theme? Overall, presentations of results here might benefit from clearer structure and possibly use of subheadings for clarity.
• Consensus on one panel results and table - you need to mention which panel on both occasions.
• From results it comes across as if community-based is synonymous to school-based services and interventions. This is not necessarily the same thing. A deeper discussion of wider community services is needed.
• In tables with results the authors do not explain the differentiation between generic descriptive points about current state of services or needs of CYP and 'ideas' panels had about improvement of community-based services (or services in general?). Presentation of results needs to reflect the primary objective of the study, which is to "identify key features of a regional community-based child and adolescent mental health services".

Discussion
• Authors make references to 'particular settings', 'particular groups', 'particular age group' - review needs to be specific and informed. What settings, groups, ages and why is important. If the argument to help structure priorities, these priorities needs to be identified.
• More discussion of self-referral to community embedded centres (outside of school facilities) and logistical support identifies by the respondents in view of existing literature of how this might work (examples from wider European context might be drawn) is necessary as this seems to directly reflect the primary objective of the study.
• Line 32 p17 – 'outcomes identified by this study' need to be specified.
• Line 40 p17 – 'other community-based service delivery partners' need to be specified.
• Divergence of priorities section reads as aspirational rather than practical. If the focus of the current paper is on practical prioritisation of key features of community-based services, these should be discussed as implementing the entire range included in Table 2 is not possible. So, specific priorities need to be set for community-based services and how, in view of existing findings, they reflect local context and culture.

Hope these comments are helpful.

REVIEWER	Dr Lindsay Dewa (Research Associate)
	Imperial College London, UK
REVIEW RETURNED	19-Jun-2018

GENERAL COMMENTS	This study uses the Delphi method to identify priorities for the delivery of a CAMHS service. Whilst it has some potential, overall there are numerous issues that must be addressed before, and if, it was to be accepted at BMJ Open.
	Title
	I suggest including "Delphi method" or "Delphi study" in the title as it better reflects the methodology and is also a more worldwide recognised methodology. It therefore comparable to other Delphi studies.
	Abstract and introduction
	• Is there a need to make it relatable to local authorities here? I'm not sure this level of detail is required.
	• There is not a clear aim and/or research question. I suggest adding "The study aim was to…" to make it abundantly clear what you were trying to achieve.
	• There are details of the Delphi methodology within the introduction section. It doesn't belong here and interrupts the flow of the manuscript. This needs to be in the methods section.
	• Minor referencing format issues and appropriate punctuation in places.
	Methods
	• There is no clear definition of what a Delphi study is. Furthermore, there is also reference to a "modified Delphi study on page 5" but there is no explanation as to what it is and why it is modified. No key references in relation to Delphi methodology are included.
	• Participants and procedure There are details in the methodology section that are results (e.g. number of participants and characteristics)
	• Participants You mention that public, service users and professionals were included in the Delphi study but then Table 1 is organised by children and young people. It needs to be consistent throughout the paper. Either use service users and professionals, although what kind of professionals – would it be clearer to identify them as staff members, OR use children and their parents.
	• Participants You need to mention which sampling technique you used to recruit the service users/public
	• Procedure It is not clear how you recruited the public and/or service users and whether this was different across groups. The confusion comes from mentioning sampling participants to reflect service use (vs no service use) but then additional detail is given.
	• Procedure I'm also not clear on which "gatekeeper agencies" were contacted. This needs to be clearer. Also concerning is that public where contacted via key professionals. Does this show some bias towards sampling? I'm surprised the Delphi wasn't opened up to the wider public via alternative methods for those who experienced no service use.
	• Procedure I'd like to see the topic guides used for the interviews and focus groups included. This could be included as two separate online supplements.

• Procedure Confusing as to why it is a "final" Delphi questionnaire. As opposed to what? Was there a draft? If so, it's not mentioned.
• Procedure Why was there such a long time between initial contact with gatekeepers and the dissemination of the Delphi questionnaire. It is possible that the questionnaire items could have changed. I think an explanation of why this happened and added as a possible limitation in the discussion section is needed.
• Procedure I'd like to see some more detail on how the questionnaire items were identified from the qualitative data other than "content analysis".
• Procedure You need to specify how you defined group consensus as 8-10/>80% and not important as 1-3. You need to back these decisions up with references and reasoning.
• Procedure In general I think this section could be clearer and structured better. Sub headings could help with this or better paragraph organisation.
• A separate section on patient and public involvement is required for BMJ Open and needs adding. Within acknowledgements it looks like patient and public involvement occurred but there is nothing mentioned specifically on patient and public involvement.
• Minor issues: 1) the legend 3 needs to include "geographical reach: and not reach; 2) you mention you received HRA approval but you need the ref number to be included; 3) paragraph formatting needs appropriate spacing; 4) minor referencing format issues and appropriate punctuation in places.

Results

• As previously mentioned, you need to have an initial section on participant numbers and statistics to set the scene and then an overall paragraph summarising the number of statements and how many statements are assigned to each area etc.
• This section again, is unclear and hard to follow. I suggest sectioning out the statements where there is agreement and non-agreement and organised within in the individual areas. At the moment there seems to be main categories and sub-categories but it's not clear. I would suggest there needs to be an initial results paragraph that gives an overview of the categories.
• There is also confusion between panels and groups. Be consistent.
• Table 2 needs to be clearer and less complicated.
• Minor issues: 1) Formatting issues. Remove the numbered bullets; 2) paragraphs are too large which make the flow difficult 3)

Conclusion and discussion
• Need to keep consistency throughout the paper. It deviates between consensus method and Delphi methodology throughout the paper.
• I would suggest structuring the manuscript as main findings, comparison to other studies, strengths and limitations and clinical implications/future research and conclusion.
• Although strengths and limitations are mentioned I'd suggest making a distinctive strengths and limitations section. There's also some missing.
• Minor issues with punctuation.

Overall minor issues

| | | • References are skewed and are in the wrong format for BMJ Open
• Formatting is also a bit confusing
• Diagram formatting could be improved
• There are some longish sentences throughout that could be split to increase readability (e.g. page 4, line 29). |

VERSION 1 – AUTHOR RESPONSE

	Area for attention	Reviewer comment	
	Overall	Comment	Response
Reviewer	2	While sampling is diverse and representative locally, the paper lacks clarity and specificity in your presentation and discussion of local mental health needs, goals, and priorities both in as a set up for the investigation and in view of locality-meaningful findings. Therefore, some key themes of the paper – set of locally meaningful priorities and practical implications of findings – do not appear to be well articulated throughout.	We have added a section to the introduction, under current study (p 4), outlining the service context at the time of undertaking the study. We have also added a section to the discussion comparing the study findings to local transformation activity (as documented in published plans spanning 2015-2018, p 19-20) with the aim of highlighting overlaps and also areas where work could be informed by study findings.
	2	The writing seems to be on the vague side. Authors allude to priorities, local specific needs of groups, ways of adapting services to cultural and contextual environments, while little insight is offered on what those might be, why that is, and how it can be done. Overall, the writing is too general and offers little specific insights into the needs of the CYP population in terms of mental health, how it is reflected locally, and how it can be supported in community services.	The addition of material regarding the local service context lends a degree of specificity that was previously missing from the paper.
	3	Participants You mention that public, service users and professionals were included in the Delphi study but then Table 1 is organised by children and young people. It needs to be consistent throughout the paper. Either use service users and professionals, although what kind of professionals – would it be clearer to identify them as staff	In Table 1, we have clarified that CYP and parents were part of the public panel. We have amended our terminology to be more consistent throughout the manuscript, using the labels 'public' and 'professional' to denote each panel. We have

		members, OR use children and their parents.	clarified (under participants in the phase 1 section of the method, now located in the supplementary material) that the public panel also includes service users.
	3	Need to keep consistency throughout the paper. It deviates between consensus method and Delphi methodology throughout the paper.	We have amended the manuscript to refer to the Delphi method or study.
	Title		
	3	I suggest including "Delphi method" or "Delphi study" in the title as it better reflects the methodology and is also a more worldwide recognised methodology. It therefore comparable to other Delphi studies.	Thank-you, we have changed the title in line with your suggestion.
	Abstract		
	2	Design needs to be clarified for readers not familiar with what adapted Delphi study is. How it was adapted needs to be specified and what three rounds are that are being referred to.	We have clarified how the method was adapted in the method section (p. 5), however we feel this level of detail is not required for the abstract.
	2	Analysis is not specified.	This is not one of the sections specified in the guidance relating to preparation of the abstract. We report the approach to analysis in the method section.
	2	A clearer representation of how many participants took part in each round per each stakeholder group is necessary.	We have amended the method section to more clearly report this. This information is also reported in figure 1 and table 1.
	2	Not clear how Outcome is different from Results.	The outcome refers to the criterion by which items were determined to be priorities.
	2	Results: Specify examples of 'how' in the delivery of services	
	2	Conclusions are vague and need to outline actual recommendations made	We have added a section to the discussion outlining how the results can be used to guide transformation efforts, using Cambridge and Peterborough as an example and offer specific recommendations.

	3	Is there a need to make it relatable to local authorities here? I'm not sure this level of detail is required.	
	3	There is not a clear aim and/or research question. I suggest adding "The study aim was to…" to make it abundantly clear what you were trying to achieve.	We explicitly state the aim of the study in the abstract and in the 'current study' section on page 4.
	Introduction		
	1	7. A reference is needed to support the use of the THRIVE framework (bottom of page 3 and top of page 4).	Reference to the THRIVE framework has been removed altogether.
	2	Reasons for why some CYP do not access services needs to be explained. Goes back to the more general point of giving more detailed account in the literature review and findings in terms of meaning.	We feel this is beyond the scope of the paper; however reference is made to a recent review of barriers preventing CYP from accessing services.
	2	Lines 16-21 on page 5 are rather vague and would benefit from more specific comments and recommendations.	
	2	Lines 7-39 on page 4 refer broadly to needs of services, local insights, equity. However, at this stage it would be helpful to have some concrete examples of how local need might be reflected in community-based services.	We have added some specific detail about the service context in which the study was undertaken to better highlight the specific issues in the area so as to underscore the rationale for the study
	2	Narrowing down from 151 to 106 features is still a considerably long list. Are there mechanisms to prioritise further? Again, who was involved in that study?	The reviewer refers to a study undertaken by Marshall et al. The purpose of highlighting specific studies was to indicate the various ways that the Delphi method has been used in the context of MH research. The word limit precludes a critique of the studies cite din the introduction.
	2	Is there evidence of how studies that used Delphi method actually contributed to practical outcomes, like inform training?	
	2	Line 14 page 5 "children and young people's workforce" is not clear and needs defining.	
	2	What is meant by "community-based care"?	We have clarified this on page 4

	Method		
	1	The authors refer to the methodology as "adapted" and "modified" Delphi. However, it is not clear in what way it has been adapted or modified from 'standard' Delphi.	Thank-you for this comment. We have added additional detail on page 8 (para 4) regarding the nature of the adaption, and also evidence to support the rationale for this adaption.
	2	Design: rounds 2 and 3 are not clearly described. It is not clear what the 'adaptation' part was and why it was necessary to deviate from the original method. Was feedback given by stakeholders together? Or separately? It becomes clearer as method section develops but clarifying from the start might be helpful for the reader.	See above. We have added more detail to the method section and separated detail pertaining to each stage to minimise confusion.
	1	I found the terminology with respect to the rounds confusing. A Delphi round is typically a survey where experts vote. However, the first round in this study is not a voting round but rather an assessment of ideas to go into the Delphi questionnaire. Whatever terminology is used, it needs to be clear to the reader what was done, which is not the case here because 'round' has a different meaning for Round 1 compared to Rounds 2 and 3.	We have amended terminology to use' phase' to refer to the different sections of the study, and 'round' to refer specifically to the process of rating questionnaire items
	1	Figure 1 gives a clear flow diagram for participants in the study. However, it would also be helpful to have a flow diagram for the voting on the items in the study. For an example of how this can be done, see PMID: 26296368 DOI: 10.1177/0004867415600891.	Thank-you for this suggestion and directing us to a very helpful paper. We have included this new figure (figure 2)
	1	It is not clear how the data from 'Round 1' were analyzed thematically. It is also not clear how the items "coalesced into three key themes" (pa. 10). Please describe the methods.	Additional methodological detail has been added to clarify these issues. Given the additional material added throughout the paper we have moved methodological detail relating to phase 1, to the supplementary appendix
	2	Use of first person needs to avoided (Line 46 p5)	We have amended
	2	Were all members of the public retained through the three rounds (aside from	No they were not. We have added a specific statement about drop out and the

		age-related limitations)? From the table it does not seem so.	possible impact on the reliability of findings to the limitations section
	2	How were the "perceived important factors" generated (Line 7 p8)?	We have provided additional methodological detail to clarify how the long list of Delphi items was generated in phase 1. This information is included in appendix 1
	2	More details on how thematic analysis was conducted, especially in consolidating two stakeholder group ideas are necessary.	We have added additional detail to the method section, located in appendix 1.
	2	Details of stakeholder consultations mentioned in line 33 p8 need to be included in Design and Participants section as to who and why.	This information has been added
	2	The fact that two different questionnaires were consistently used with the two groups of respondents and why needs to be explained.	This is clarified in paragraph two on page 9
	2	Is round 3 basically an edited repeat of round 2? This needs to be clarified.	Yes. We have clarified this
	2	Mention where results of sensitivity analysis (line 33 p9) will be presented.	Direction to the supplementary file has been added
	3	There is no clear definition of what a Delphi study is. Furthermore, there is also reference to a "modified Delphi study on page 5" but there is no explanation as to what it is and why it is modified. No key references in relation to Delphi methodology are included.	The modification to the method has been clarified (see above)
	3	Participants and procedure There are details in the methodology section that are results (e.g. number of participants and characteristics)	We have moved some of this information to the beginning of the results section on page 8
	3	Participants You need to mention which sampling technique you used to recruit the service users/public	We have stated that participants were purposively sampled (appendix 1)
	3	Procedure It is not clear how you recruited the public and/or service users and whether this was different across groups. The confusion comes from mentioning sampling participants to reflect service use (vs no service use) but then additional detail is given.	We have added detail to the method section to clarify recruitment procedures. This detail is located in the supplementary material.

	3	Procedure I'm also not clear on which "gatekeeper agencies" were contacted. This needs to be clearer. Also concerning is that public where contacted via key professionals. Does this show some bias towards sampling? I'm surprised the Delphi wasn't opened up to the wider public via alternative methods for those who experienced no service use.	We have provided examples of gatekeeper agencies, which is now located in the supplementary material. The limitations regarding sampling are discussed in the strengths and limitations section of the discussion.
	3	Procedure I'd like to see the topic guides used for the interviews and focus groups included. This could be included as two separate online supplements.	The main focus of the paper is in report of the Delphi study, therefore we did not deem it necessary to append topic guides, but we would be happy to take editorial direction in relation to this.
	3	Procedure Confusing as to why it is a "final" Delphi questionnaire. As opposed to what? Was there a draft? If so, it's not mentioned.	The terminology has been amended
	3	Procedure Why was there such a long time between initial contact with gatekeepers and the dissemination of the Delphi questionnaire. It is possible that the questionnaire items could have changed. I think an explanation of why this happened and added as a possible limitation in the discussion section is needed.	We have added the reason for the delay on page 7 in the procedure section
	3	Procedure I'd like to see some more detail on how the questionnaire items were identified from the qualitative data other than "content analysis".	We have added additional methodological detail, now located in the supplementary material
	3	Procedure You need to specify how you defined group consensus as 8-10/>80% and not important as 1-3. You need to back these decisions up with references and reasoning.	We have added comment regarding the lack of clarity as to how to define consensus on page 7 under analysis
	3	Procedure In general I think this section could be clearer and structured better. Sub headings could help with this or better paragraph organisation.	We have separated the methodological detail pertaining to phase 1 and 2 of the study in an attempt to better structure this section. Given that it is not the main focus of the paper, and in an effort to limit the word count, we have moved detail pertaining to phase one to

			the online supplementary material.
	3	A separate section on patient and public involvement is required for BMJ Open and needs adding. Within acknowledgements it looks like patient and public involvement occurred but there is nothing mentioned specifically on patient and public involvement.	Two sections have been added under description of each of the study phases.
	Results		
	1	It would be worth reporting some quantitative indicator of agreement between the two panels in their ratings (e.g. kappa or correlation coefficient). For examples, see PMID: 26296368 DOI: 10.1177/0004867415600891.	We were interested in identifying components that were viewed as definitely important/not important as signalled by 80% of both groups rating an item as 8-10 or 1-3. We did not compute measures of agreement given that we were less interested in the level of agreement with respect to items that did not meet these criteria.
	1	The first two columns of Tables 2 and 3 needs headings (e.g. 'Category' and 'Item').	We have amended this
	1	It is not clear why some of the items in Tables 2 and 3 are given idea numbers (e.g. "Idea 1"), but others not. It is also unclear why the numbers are needed.	We have amended this in table 2 and in the online appendix
	2	What are the 'risk groups' and 'risky developmental periods' are (line 44-52, p9)?	We expand upon this later in the text.
	2	Line 9 page 10 – not clear where 29 items referring to? Is it a different theme?	Clarified. This was related to an identified theme. We have put getting help in inverted commas to emphasise this is the theme title
	2	Overall, presentations of results here might benefit from clearer structure and possibly use of subheadings for clarity.	The results section already has subheadings, but we have added the theme headings to section 1 of the results.
	2	Consensus on one panel results and table - you need to mention which panel on both occasions.	Amended
	2	From results it comes across as if community-based is synonymous to	We agree that these are not the same thing, however the

		school-based services and interventions. This is not necessarily the same thing. A deeper discussion of wider community services is needed.	results emphasise the perceived importance of schools in promotion and prevention. We have added a point to the limitation section clarifying that these results should not be interpreted as a service specification, rather as an indication of what was important to stakeholders
	2	In tables with results the authors do not explain the differentiation between generic descriptive points about current state of services or needs of CYP and 'ideas' panels had about improvement of community-based services (or services in general?). Presentation of results needs to reflect the primary objective of the study, which is to "identify key features of a regional community-based child and adolescent mental health services".	We address this issue on page 6 where we state 'Questionnaire items varied in their focus from those that represented high order values that should underpin service delivery and description of key problem areas, to specific ideas regarding the way that services should be targeted, delivered and evaluated'
	3	As previously mentioned, you need to have an initial section on participant numbers and statistics to set the scene and then an overall paragraph summarising the number of statements and how many statements are assigned to each area etc.	Thank-you for this direction. We have now added an initial paragraph to the results section. We have also included an additional figure which depicts the flow of items through the Delphi study, at the suggestion of one of the other reviewers
	3	This section again, is unclear and hard to follow. I suggest sectioning out the statements where there is agreement and non-agreement and organised within in the individual areas. At the moment there seems to be main categories and sub-categories but it's not clear. I would suggest there needs to be an initial results paragraph that gives an overview of the categories.	The areas of non-agreement are reported and described separately (table 3), although we have used the same subtheme headings to emphasise that these items did not represent a vastly different category of service delivery
	3	There is also confusion between panels and groups. Be consistent.	We have amended terms to be consistent
	3	Table 2 needs to be clearer and less complicated.	
	3	Minor issues: 1) Formatting issues. Remove the numbered bullets; 2)	We have separated paragraphs and removed numbered bullets

		paragraphs are too large which make the flow difficult 3)	
	Discussion		
	1	9. The number of children and young people and parents was rather small by Round 3. It might be appropriate to discuss reliability of findings as a limitation. For example, with a panel of 16, a change of vote by one individual can have a major effect on whether the agreement criterion is reached.	We have added this as a limitation
	2	Priorities identified as the results of the Delphi study are rather generic, and would, again, benefit from more detailed and meaningful interpretation of how they can be implemented (especially in view of fiscal and logistical constraints facing CAMHS at the moment). Without such prioritisation (the key argued contribution of the paper), the manuscript reads as wishful thinking on part of public and professional stakeholders as opposed to a practical guide for local service development.	We have added a section to the discussion comparing the identified priorities to local transformation activity and highlighted how even some of the more generic items can be used to identify areas for service improvement that have not yet been addressed.
	2	Authors make references to 'particular settings', 'particular groups', 'particular age group' - review needs to be specific and informed. What settings, groups, ages and why is important. If the argument to help structure priorities, these priorities needs to be identified.	
	2	More discussion of self-referral to community embedded centres (outside of school facilities) and logistical support identifies by the respondents in view of existing literature of how this might work (examples from wider European context might be drawn) is necessary as this seems to directly reflect the primary objective of the study.	
	2	Line 32 p17 – 'outcomes identified by this study' need to be specified.	This section is referring to outcome domains for service monitoring and evaluation. These are listed in table 2
	2	Line 40 p17 – 'other community-based service delivery partners' need to be specified.	We have added an example to help clarify this

	2	Divergence of priorities section reads as aspirational rather than practical. If the focus of the current paper is on practical prioritisation of key features of community-based services, these should be discussed as implementing the entire range included in Table 2 is not possible. So, specific priorities need to be set for community-based services and how, in view of existing findings, they reflect local context and culture.	We disagree that the items in table 3 are aspirational. A number of items are practical suggestions e.g implement peer support and some such as the setting up of a website to offer reliable information for all have been implemented. With respect to those items such as access to 24hr services – whether it is possible to deliver or not we suggest it is important to understand that it is desirable.
	3	I would suggest structuring the manuscript as main findings, comparison to other studies, strengths and limitations and clinical implications/future research and conclusion.	Thank-you, we have followed this suggestion
	3	Although strengths and limitations are mentioned I'd suggest making a distinctive strengths and limitations section. There's also some missing.	We have added a subheading and expanded this section
	3	Minor issues with punctuation.	Amended
	References		
		Ament to BMJ open format	Amended
	Typos and formatting		
	1	1. "CYP MH" is used in the abstract without definition. 2. I thought that using the unfamiliar abbreviation "MHD" detracted from comprehension. 3. There are some typos and grammatical problems that need attention: Page 3, line 27: "challenges….has led". Page 3, line 45: "workface development". Page 16, line 27: "to do date". Page 16, line 40: "can be archived". Page 17, line 11: "staff provides". Page 18, line 49, "scare resources".	Amended.
	2	Terminology and abbreviations are inconsistent throughout. CAMHS, CYP MH Service, CYP, MH, MHD, children's workforce, etc. need to (i)	

		clarified/defined and (ii) used consistently as a single term where possible.	
	2	There are some spelling, capitalisation, and punctuation errors throughout the manuscript. A proof read is required.	
	3	Minor issues: 1) the legend 3 needs to include "geographical reach: and not reach; 2) you mention you received HRA approval but you need the ref number to be included; 3) paragraph formatting needs appropriate spacing; 4) minor referencing format issues and appropriate punctuation in places.	Amended and REC number added – this is reported in the online material